

**SUPERIOR COURT
ADR
EVALUATION**

ARBITRATION MEDIATION NEUTRAL ASSESSMENT

Dear ADR Practitioner:

To insure prompt payment of your ADR Practitioner's fee, please return this evaluation with: Settlement Agreement, Arbitrator's Order, Mediator's or Neutral Assessor's Report.

Type of ADR: Check one: Arbitration Mediation Neutral Assessment

ADR Practitioner:	
Date:	County: New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex <input type="checkbox"/>
Bar I.D. No.:	Social Security No.:
Appointment Date:	C.A. No.:
Case Caption:	
<div style="text-align: center;">Arbitration</div> Hearing Held Within 60 days: Yes <input type="checkbox"/> No <input type="checkbox"/>	<div style="display: flex; justify-content: space-around;"> Mediation Neutral Assessment </div> Hearing Held Within 120 days: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing Date (if applicable):	Length of Hearing: _____Hours _____Minutes
Did you conduct a teleconference prior to the hearing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no hearing was held, please indicate the amount of non-hearing/preparation time you spent on this case: Hours _____ Minutes _____	
Comments or Suggestions:	
Signature:	

Send to the assigned Judge's Case Manager at:

Office of the Prothonotary
500 North King Street
Lower Level 1 - Suite 500
Wilmington, DE 19801-3746

Office of the Prothonotary
38 The Green
Dover, DE 19901

Office of the Prothonotary
The Circle
Georgetown, DE 19947

If the case settles before the hearing date, return the questionnaire within five (5) days of settlement to assure payment for your non-hearing time.